

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**9/492373**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	X	X				
3	X	X				
4						
5	X	X				
6						
7						
8						
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11	X	X				
12	X	X				
13	X	X				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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FEE CALCULATION SHEET**  
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APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3			X	X	X	X
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TOTAL IND.	4		4		4	
TOTAL DEP.	14		10		9	
TOTAL CLAIMS	18		14		13	

TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						